Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(o), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

➤ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning 08/01 , 2011, and ending	07/31	, 20 ₁₂
В	Check if a	O Nove Country in the		lentification number
	Address	change HOUSTON MASTERWORKS CHORUS INC	7	6-0182765
님	Name cha	the state of the s	Telephone n	
片	Initial retu Terminate	14119 Montrose Blvd Suite 260	71	13-529-8900
H	Amended		Group Exe	
		on pending Houston, TX 77006-4964	Number I	•
G	Accoun	ting Method: Cash	neck ▶ 🔲	if the organization is not
	Websi	te: ► www.houstonmasterworks.org rec		ach Schedule B
<u>J</u>	Tax-exer	mpt status (check only one) — 📝 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	orm 990, 99	0-EZ, or 990-PF).
Κ	Check •	if the organization is not a section 509(a)(3) supporting organization or a section 527 organization	and its gros	s receipts are normally
	not mor	re than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may b	oe required ((see instructions). But if
	the orga	anization chooses to file a return, be sure to file a complete return.		•
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (P	Part II,	
	ine 25, c	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ \$	94,857
Ŀ	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in-	structions	for Part I.)
		Check if the organization used Schedule O to respond to any question in this Part I.		, 🗸
	1	Contributions, gifts, grants, and similar amounts received	. 1	63,341
	2	Program service revenue including government fees and contracts	. 2	20,744
	3	Membership dues and assessments	. 3	7,584
	4	Investment income	. 4	0
	5a	Gross amount from sale of assets other than inventory 5a	0	
	p.	Less: cost or other basis and sales expenses	0	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0
	6	Gaming and fundraising events		
Φ	a	Gross income from gaming (attach Schedule G if greater than		
Revenue		\$15,000)	0	
eVe	b	Gross income from fundraising events (not including \$ 0 of contributions		
ď		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b		•
	_	,	0	
	d	Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	0	
	l u	line 6c)	MORNAN MOTO	
	7a		· 6d	0
	b	· · · · · · · · · · · · · · · · · · ·	0	
	C	Less: cost of goods sold	0 7.	_
	8	Other revenue (describe in Schedule O)	7c	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 8 > 9	3,188
	10	Grants and similar amounts paid (list in Schedule O)	. 10	94,857
	11	Benefits paid to or for members	11	0
S	1	Salaries, other compensation, and employee benefits		45,708
Expenses	13	Professional fees and other payments to independent contractors	. 13	26,669
be	14	Occupancy, rent, utilities, and maintenance	14	6,753
щ	15	Printing, publications, postage, and shipping	15	1,190
	16	Other expenses (describe in Schedule O)	. 16	9,786
	17	Total expenses. Add lines 10 through 16	▶ 17	90,106
Ś	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	4,751
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w	ith	.,,,,,
AS		end-of-year figure reported on prior year's return)	. 19	27,561
ē	20	Other changes in net assets or fund balances (explain in Schedule O)		0
~	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	32 312

Pa	rt II Balance Sheets. (see the instructions				•	
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part II		\square
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			28,361	22	32,312
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			28,361	25	32,312
26	Total liabilities (describe in Schedule O)			800		0
27	Net assets or fund balances (line 27 of colum			27,561	27	32.312
Par	•	n <mark>plishments</mark> (see t	ne instructions for	Part III.)		F
	Check if the organization used Schedul		ny question in this	Part III 🔲	(Red	Expenses uired for section
Wha	t is the organization's primary exempt purpose?	See Schedule O, St	atement 1		501(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise rops benefited, and other relevant information for e	nanner, describe th	f its three largest e services provide	orogram services, d, the number of	4947	nizations and section (a)(1) trusts; optional thers.)
28	Houston Masterworks Chorus, the city's largest ind		community arts or	anization	ļ · .—	<u> </u>
	dedicated to the presentation of great choral music	and to the continuati	on of the choral soc	iety tradition		
	(Continued on Schedule O, Statement 2)		on of the chord soc	iety diadition.		
		t includes foreign gra	ants, check here	▶ □	28a	71.867
29					204	/1,00/

	(Grants \$) If this amoun	t includes foreign ara	ants check here		29a	•
30					230	
	(Grants \$) If this amoun	t includes foreign gra	ints, check here	▶ □	30a	
31	Other program services (describe in Schedule O)				JUG	
	(Grants \$ 0) If this amount	t includes foreian ara	ints, check here	▶ 🗔	31a	_
32	Total program service expenses (add lines 28a	through 31a)	ina, oneok noro :	· · · · · •	32	71,867
Part	IV List of Officers, Directors, Trustees, and Ke	v Employees, List eac	h one even if not cor	nnensated (see the in	netri id	tions for Part IVA
	Check if the organization used Schedule	O to respond to a	nv question in this	Part IV	ion GC	
		(b) Title and average	(c) Reportable	(d) Health benefits,		· · · · ·
	(a) Name and address	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		0	Estimated amount of ther compensation
****	ge Bamberg	Board Member, 1		0	0.	0
4119	Montrose Blvd Suite 260, Houston, TX 77006-4964				<u> </u>	· ·
Nanc	y Christopherson	Board Member, 1			0	0
	Montrose Blvd Suite 260, Houston, TX 77006-4964					
	phen Green	Board Member, 2	ĺ		0	0
4119	Montrose Blvd Suite 260, Houston, TX 77006-4964	<u> </u>				
	Hackem	Secretary, 15		,	0	0
4119	Montrose Blvd Suite 260, Houston, TX 77006-4964					
	rah Hamilton	Board Member, 1) (o	0
	Montrose Blvd Suite 260, Houston, TX 77006-4964				<u> </u>	
Keith	A Jones	Board Member, 2	····		0	0
4119	Montrose Blvd Suite 260, Houston, TX 77006-4964				<u> </u>	ŭ
	R La Rue	President, 20	()	o	0
4119	Montrose Blvd Suite 260, Houston, TX 77006-4964				1	ŭ
	as Plapp	Treasurer, 2	()	D	0
4119	Montrose Blvd Suite 260, Houston, TX 77006-4964			<u> </u>	_	U
					T	

Part		s in th	e	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	T	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		_ v
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		_ ∨
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		· ·
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<u> </u>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b	CEC CO. CO.		✓ ✓
39 . a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶			
	The organization's books are in care of ▶ Rita R La Rue Telephone no. ▶	713-529	3-8900)
b	Located at ► 4119 Montrose Blvd Suite 260, Houston, TX 77006-4964 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	77006- 42b	4964 Yes	No √
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	0277777277	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		./
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a 45h		√

							Yes	No
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities or	n behalf of o	r in opposi	tion 🔛		
	to candidates for public office? If "Yes,"	complete Schedule (, Part I			. 40	6	_ ✓
Part V		s and section 4947	(a)(1) nonexempt	charitable	trusts or	ıly. All s	ection	
	501(c)(3) organizations and sect	ion 4947(a)(1) none:	xempt charitable tr	usts must a	answer qu	estions	47–49	b
	and 52, and complete the tables							
	Check if the organization used Sc	hedule O to respond	I to any question in	this Part VI		<u>· · · · </u>		<u>. </u>
47	PSL-2 Aller and the state of th						Yes	No
47	Did the organization engage in lobbying					tax	ļ	
	year? If "Yes," complete Schedule C, Par					4	7	✓
48	ls the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		. 48	8	√
49a	Did the organization make any transfers t	o an exempt non-cha				. 49	la 💮	✓
b	If "Yes," was the related organization a se	ection 527 organizatio	on?			. 49	b	
50	Complete this table for the organization's	five highest comper	sated employees (ot	ner than offi	cers, direc	tors, trus	tees an	ıd key
	employees) who each received more than	1 \$100,000 of compe	nsation from the orga			e, enter	"None."	,
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans,	to employee and deferred	(e) Estima	ated amou ompensat	
None				compe	isation			<u></u>
None	**							
				<u> </u>				

			<u> </u>	-				
	Whw							
				ļ				
f -	Total number of other employees paid ov	or 64 00 000		<u> </u>		·		
			• <u></u>					
51 (Complete this table for the organization \$100,000 of compensation from the orga	's five nignest compe inization, if there is no	ensated independent	contractors	who each	1 receive	d more	than:
	#100,000 of Compensation from the orga	inzation, it there is no	ine, enter None.					
(a) N	ame and address of each independent contractor pa	id more than \$100,000	(b) Type of serv	rice	(c)) Compens	ation	
None					- · - · · · · · · · · · · · · · · · · ·			
			ļ					
d	Total number of other independent contra	ectors each receiving	over \$100,000					
	Did the organization complete Schedule			and 4047/-	1/41			
	nonexempt charitable trusts must attach :			anu 4947 (a	,			Ala.
	nalties of perjury, I declare that I have examined this r	····						No
true, corre	act, and complete. Declaration of preparer (other than	officer) is based on all info	rmation of which preparer I	ents, and to the has any knowle	best of my kr dge.	iowiedge a	ina beliet,	, it is
Sign	Signature of officer			Date	· · · · · · · · · · · · · · · · · · ·			
Here	Rita R LaRue, Board President			Dak				
	Type or print name and title							
Detri	Print/Type preparer's name	Preparer's signature	Da	te	T ===	PTIN		
Paid		algitatoro	"		Check self-emplo	if]		
Prepa	Lance 1			F-,	yeu			
Use O	Firm's address >				's EIN ▶			
May the	IRS discuss this return with the preparer	shown above? See i	nstructions	Pho	ne no.	► □ Ye		No.
	and the project of						ro i iľ	YU.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

Name of the organization						Employer identification number			
HOUSTON MASTERWORKS CHORU						76-0182765			
	Charity Status (All orga						instructio	ons.	
The organization is not a private for a convention of a conven	churches, or association of ction 170(b)(1)(A)(ii). (Atta ve hospital service organiza nization operated in conjun	f churche ch Sched ation des	s describ Iule E.) cribed in	ed in sec section	tion 170	(b)(1)(A)((A)(iii).	•	(iii). Enter the	
hospital's name, city, and 5 An organization operated section 170(b)(1)(A)(iv).	for the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernment	al unit described in	
6 ☐ A federal, state, or local of 7 ☐ An organization that norm	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
8 A community trust descri	bed in section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)					
9 An organization that norr receipts from activities re support from gross inver-		an 33¹/₃% tions—su lated bu	6 of its subject to a siness ta	upport fro certain ex xable ind	xceptions come (les	s, and (2) ss sectio	no more	than 331/3% of its	
purposes of one or more 509(a)(3). Check the box a Type I b e By checking this box, I co	ed and operated exclusive publicly supported organe that describes the type of	ely for the nizations supporting Type is not co	ne benefi describe ng organiz IIIFunct entrolled c	t of, to of d in sect zation an ionally in directly or	perform ion 509(a d comple tegrated r indirectl	the funct a)(1) or so te lines 1 y by one	tions of, ection 509 1e throug d — or more o	9(a)(2). See section gh 11h.] Type III–Other disqualified persons	
or section 509(a)(2). f If the organization receives a common organization. The common organization is the common organization.	ved a written determinatio	on from	the IRS t	that it is	а Туре	I, Type	ll, or Typ	e III supporting	
	nas the organization acce								
(i) A person who directly (iii) below, the governi	or indirectly controls, eit ng body of the supported	her alone organizat	or toget ion?	her with	persons	describe	d in (ii) ar	nd Yes No	
(ii) A family member of a	person described in (i) abo	ove?						11g(ii)	
	ty of a person described in							11g(iii)	
	rmation about the support	T							
(i) Name of supported (ii) EIN organization	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis governing	organization sted in your document?	the organ col. (i) supp	ou notify nization in of your port?	tion in organization in col. supportion (i) organized in the		(vii) Amount of support	
		Yes	No	Yes	No	Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)						·			
Total									

Part	II Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	j)
	(Complete only if you checked to	he box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	•
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	87,609	111,569	89,931	72,050	70,925	432,084
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0.	0	0
4	Total. Add lines 1 through 3	87,609	111,569	89,931	72,050	70,925	432,084
5	The portion of total contributions by		ere green dage		e de maria d		
	each person (other than a		10000		her second		
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				Same of the		_
6	Public support. Subtract line 5 from line 4.	in a company					0
	ion B. Total Support						432,084
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	87,609	111,569	89,931	72,050	70,925	432,084
8	Gross income from interest, dividends,		.,,,,,,,	00,001	72,000	70,020	432,004
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	o	0	o	0	o	0
9	Net income from unrelated business						
	activities, whether or not the business			i			
	is regularly carried on	o	.0	0	0	o	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10		a production	a per paja			432,084
12	Gross receipts from related activities, etc					12	130,401
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth,	, or fifth tax ye	ear as a sectio	n 501(c)(3)
e:	organization, check this box and stop he	re , ,	· · · ·				🟲 🗌
14	on C. Computation of Public Suppor			d l (n)			
15	Public support percentage for 2011 (line 6) Public support percentage from 2010 Sch					14	100 %
16a	331/a% support test—2011. If the organi	retion did not a	i, line 14 .	on line 12 and	[15 -04 ou manua al	100 %
	box and stop here. The organization qua	lifies as a publi	cly supported	organization	1 III 14 15 33 7	376 OF INOTE, CI	
b	331/3% support test-2010. If the organ						
-	check this box and stop here. The organ	ization qualifies	s as a publiciv	supported org	anization .		•
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me	ets the "facts-a	ind-circumsta	nces" test iche	ck this hox an	a, or rob, and r d stop here E	ine 14 is Volain in
	Part IV how the organization meets the "f	acts-and-circu	mstances" tes	t. The organiza	tion qualifies	as a publiciv su	ipported
	organization						. ▶ □
b	10%-facts-and-circumstances test –20						
	15 is 10% or more, and if the organizat	ion meets the	"facts-and-ci	cumstances"	test, check th	is box and sta	op here
	Explain in Part IV how the organization m	eets the "facts	-and-circumst	ances" test. Th	ne organization	n qualifies as a	publicly
	supported organization					·	` ▶ □
18	Private foundation. If the organization di					k this box and s	see

	ale A (Form 990 or 990-EZ) 2011						Page 3
Part		ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the	ne box on lin	9 of Part I o	r if the organ	ization failed	to qualify und	der Part II.
Cont	If the organization fails to qualify ion A. Public Support	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(a) 2000	(4) 0010	(-) 0014	(6) T-1-1
1	Gifts, grants, contributions, and membership fees	(a) 2007	(D) 2006	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	received. (Do not include any "unusual grants.")		•				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose			•			
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	to or expended on its behalf The value of services or facilities						
9	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						•
c							
8	Public support (Subtract line 7c from						
•	line 6.)	Service of the	1.00	out of the			
Secti	ion B. Total Support						<u> </u>
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						3.7
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b			T			·····
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12							
	Other income. Do not include gain or						
	loss from the sale of capital assets						
	loss from the sale of capital assets (Explain in Part IV.)						
13	loss from the sale of capital assets (Explain in Part IV.)						
13	loss from the sale of capital assets (Explain in Part IV.)	o organization	Vo first seeson	d third founds	Cittle Account		- 504(-V0)
	loss from the sale of capital assets (Explain in Part IV.)						
13 14	loss from the sale of capital assets (Explain in Part IV.)	re			, or fifth tax ye		
13 14	loss from the sale of capital assets (Explain in Part IV.)	re t Percentag	<u></u> e	<u> </u>			🕨
13 14 Secti 15 16	loss from the sale of capital assets (Explain in Part IV.)	re t Percentag 3, column (f) di nedule A, Part	e vided by line 1	3, column (f))			· · > _
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b 33½% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization
 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

	Chedule A (Form 990 or 990-EZ) 2011						
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
HOUSTON MASTERWORKS CHORUS INC	76-0182765
Form 990-EZ, Part I, Line 8 - Misc Chorus Income	
Form 990-EZ, Part I, Line 16 - Chorus Expenses, Office Expenses, Music Costs, Internet/Email	


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Schedule O, Statement 1

Form: 990-EZ

Page: 2

Line Number: Part III

HOUSTON MASTERWORKS CHORUS INC 76-0182765

#### **Primary Exempt Purpose**

### **Primary Exempt Purpose**

Houston Masterworks Chorus, the city's largest independent chorus, is a community arts organization dedicated to the presentation of great choral music and to the continuation of the choral society tradition. According to a national study published in 2003 by Chorus America, more people in the United States sing in choral groups than participate in any other performing art. These choirs range from children's choruses to church choirs, symphonic choirs to chamber singers, high school choirs to senior barbershop groups. We provide valuable performance opportunities for people of all ages, and musical experiences of outstanding artistic quality. We provide a unique opportunity for talented volunteer singers of all ages, backgrounds and experiences to perform the choral masters with professional orchestras, continuing a tradition that stretches across the ages. We believe that music has the power to change the lives of those who sing and those who listen.

Schedule O, Statement 2

HOUSTON MASTERWORKS CHORUS INC 76-0182765

Form: 990-EZ

Page: 2

Line Number: Part III Line 28

First Program Service Accomplishments Description

#### Description

According to a national study published in 2003 by Chorus America, more people in the United States sing in choral groups than participate in any other performing art. These choirs range from children's choruses to church choirs, symphonic choirs to chamber singers, high school choirs to senior barbershop groups. We provide valuable performance opportunities for people of all ages, and musical experiences of outstanding artistic quality. We provide a unique opportunity for talented volunteer singers of all ages, backgrounds and experiences to perform the choral masters with professional orchestras, continuing a tradition that stretches across the ages. We believe that music has the power to change the lives of those who sing and those who listen.